Audits Branch - Southern Region 11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015 Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Marvin J. Southard, D.S.W., Director Los Angeles County Department of Mental Health 550 So. Vermont Avenue. 12th Floor Los Angeles, CA 90020

Dear Dr. Southard:

AUDIT REPORT - OLIVE VIEW/UCLA MEDICAL CENTER

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Olive View/UCLA Medical Center, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal – FFP	\$ 1,358,168	\$ 1,339,112	\$ (19,056)

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie P. Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, Jr. MBA, EA

Chief

RAQUEL E. RIOS, Supervisor Audits – Southern Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

LOS ANGELES COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: LAC OLIVE VIEW UCLA MEDICAL CENTER LEGAL ENTITY NUMBER: 00505

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LAC OLIVE VIEW UCLA MEDICAL CENTER Los Angeles COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

 $_{\rm L}$

					Audit	
			As Settled		Adjustments	As Audited
Total Medi-Cal Gross Reimbursement		-		•		
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$	1,880,773	\$	(26,424) \$	1,854,349
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)		1,228,400		(10,371)	1,218,029
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		1,576	1,576
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0	·	8,182	8,182
9. Total		S =	3,109,173	: 5 =	(27,037) \$	3,082,136
Less: Patient & Other Payor Revenues						
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$	227,340	\$	(54) \$	227,286
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)		77,857		(696)	77,161
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	0
 Enhanced SD/MC (Refugees) - O/P 	(MH1968, Ln 30)		0		0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	_	0		0	0
18. Total		\$ =	305,197	\$ _	(750) \$	304,447
Medi-Cal Net Reimbursement for Direct Service	•					
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	s	1,653,433	s	(26,370) \$	1,627,063
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)	•	1,150,543	_	(8,099)	1,142,444
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)		0		0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)		0		8,182	8,182
25. Total	,	s <u>_</u>	2,803,976	\$ <u></u>	(26,287) \$	2,777,689
Medi-Cal MAA Reimbursement						
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	s	0 \$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	J	0	3	0	0
28. Total	(14111777, 61112, 601:74)	s -		s -		
		-		=		
Amount Negotiated Rates Exceed Cost						
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	202,882	\$	29,045 \$	231,927
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		142,262		(1,008)	141,254
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0	_	948	948
35. Total		\$ =	345,144	\$ =	28,985	374,129
Net Reimbursable Cost - FFP						
36. Direct Services	(MH1979, Ln 16, 16A)	\$	1,444,454	\$	(18,153) \$	1,426,301
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)		0		1,024	1,024
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)		0		0	0
39. MAA	MH 1979, Ln 11, 12)		0		0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)		(86,286)		(7,009)	(93,295)
41. Healthy Families Reimbursement	(MH1979, Ln 27)	_	0		_5,081	5,081
42. Total - FFP		s =	1,358,168	\$_	(19,056) \$	1,339,112
Contract Maximum		s _	1,530,740	\$ _	2,795,124 \$	4,325, <u>8</u> 64
Lower of Net Reimbursable Cost or Contract Ma	v imum	¢	1 350 140	¢	(10.054) *	1 220 112
		\$ -	1,358,168	³=	(19,056) \$	1,339,112 (To Sch.1)
				_		(10 3011.1)

Provide	r Olive View	/UCLA N	Medical (Center	Entity Number 00505	No. of Adj.	i	riod Ended
	Report Re				00303	15	07/01/02	Го 06/30/03
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	NTS	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO SETTLED COSTS				
1	MH 1961 MH 1961	1 2		Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19 Total		\$ 0	\$ (17,381) (17,296) \$ (34,677)	\$ (17,381) (17,296) \$ (34,677)
				To adjust settled physician and ancillary costs to audited amount of provider documents.	based on review			
2	MH 1964	2		Hospital Inpatient Services To reflect the effect of cost adjustment on settled mode of services	Inpatient Services effect the effect of cost adjustment on settled mode of service cost.			\$ 7,676,890
3	MH 1991		G	Physician Costs - Administrative Days - 05/19		\$ 32.628	\$ (47.284)	45.047
•	MH 1991		H	Ancillary Costs - Administrative Days - 05/19 Total		\$ 32,628 28,666 \$ 61,294	\$ (17,381) (17,296) \$ (34,677)	\$ 15,247 11,370 \$ 26,617
				To reflect the effect of cost adjustments on settled physician and inpatient administrative days.	ancillary costs for			
4	MH 1966	3	С	Gross Cost - 05/19		\$ 274,353	\$ (34,677)	\$ 239,676
				To adjust settled inpatient administrative days gross cost to refle- adjustment to physician and ancillary costs.	ct audit			
5	MH 1991 MH 1991		G Н	Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19	**	\$ 15,247 11,370	\$ 0	\$ 15,247 11,370
				To reflect audited physician and ancillary costs for each period of on MH 1991.	service			
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				

Provide	Olive View	/UCLA N	Medical (Center	Entity Number 00505	No. of Adj. 15	Fiscal Peri 07/01/02 To	
	Report Re	ference						
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	ITS	As Reported	Increase (Decrease)	As Adjusted
			- 55:-	ADJUSTMENTS TO SETTLED PATIENT STATIST	ics			
6	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2 2	B C B C	Total Units - 05/10 Total Units - 05/19 Total Units - 10/24 Total Units - 15/42 Total Units - 15/62 Total To adjust reported total units of service per settled cost report to 701 U-P.	agree with RGMS	10,035 1,315 93,731 43,109 7,500 155,690	260 - 1 - 0 - 261	10,295 1,315 93,732 43,109 7,500 155,951
7	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	8 8A 9 9A 10 10A	Total Total Total Total Total	Medi-Cal Units @ 51.40% Medi-Cal Units @ 51.62% Medicare/Medi-Cal Crossover Units @ 51.40% Medicare/Medi-Cal Crossover Units @ 51.62% Enhanced - Children @ 65% Enhanced - Children @ 65% Healthy Family (SED)		7,623 23,127 6 81 - - - 30,837	286 50 (6) (81) - 19 157 425	7,909 • 23,177 • 19
8	MH 1966 MH 1966	8 8A		To adjust settled Medi-Cal units of service to agree with State DN of service. Medi-Cal Units @ 51.40% Medi-Cal Units @ 51.62%	######################################	7,909 23,177 31,086	(300) (116) (416)	7,609 • 23,061 • 30,670
				To adjust Medi-Cal units of service to include County edited inval approved units of service.	id Medi-Cal			
	1			 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				

Provide	Olive View	/UCLA N	Medical (Center	Entity Number 00505	No. of Adj. 15	Fiscal Peri 07/01/02 T	
	Report Re	ference				 		
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	NTS	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO SETTLED PATIENT STATISTICS,	CONT'D.			
9	MH 1966 MH 1966 MH 1966 MH 1966	8 8A 8 8A	8 C C	Medi-Cal Units @ 51.40% 05/10 Medi-Cal Units @ 51.62% 05/10 Medi-Cal Units @ 51.62% 05/19 Medi-Cal Units @ 51.62% 05/19 To adjust settled inpatient Medi-Cal units of service to agree with changes per County MHMIS report.	service function	850 2,506 113 436	(22) - 22 -	828 2,506 135 436
10	, МН 1966 МН 1966	8 8A		Medi-Cal Units @51.40% Medi-Cal Units @ 51.62% To disallow approved Medi-Cal inpatient days for clients who are for pregnancy and emergency services only. W & I Code Section and DMH Aid Code Master Chart.	eligible n 5719	7,609 23,061	(272) (81)	7,337 22,980
11	MH 1991		Ε	SD/MC Administrative Days To reflect the effect of Medi-Cal units of service audit adjustment Cal inpatient administrative days on form MH 1991.	s on settled Medi-	618	12	630
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Pro∨ide	r Olive View	/UCLA N	/ledical (Center	Entity Number 00505	No. of Adj. 15	Fiscal Period Ended 07/01/02 To 06/30/03		
	Report Re	ference					 		
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	ITS	As Reported	Increase (Decrease)	As Adjusted	
				ADJUSTMENTS TO SETTLED REVENUES					
MH 1968 28A				Patient and Other Payor Revenues @ 51.40% - I/P Patient and Other Payor Revenues @ 51.62% - I/P Patient and Other Payor Revenues @ 51.62% - D/T Patient and Other Payor Revenues @ 51.62% - D/T		\$ 42,217 185,123 22,028 55,831 \$ 305,197	\$ 893 (947) (162) (534) \$ (750)	\$ 43,110 184,176 21,864 55,297 \$ 304,447	
				To adjust settled patient and other payor revenues to agree with revenue based on ratio of audited Medi-Cal cost to audited total of	Medi-Cal share of cost.				
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.					

Provide					Entity Number	No. of Adj.	Fiscal Pe	riod Ended	
	Olive View		Medical (Center	00505	15	07/01/02	To 06/30/03	
Adj. No.	Report Re Form/ Sch.	ference Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
	Gen	Line	001.	SETTLEMENT ADJUSTMENTS					
13	MH 1979 MH 1979	23 27	J	Adjusted Total SD/MC Reimbursement (FFP) Total Healthy Families Reimbursement		\$ 1,358,168 \$ 1,358,168	\$ (24,137) 5,081 \$ (19,056)	\$ 1,334,031 5,081 \$ 1,339,112	
				To reflect the effect of audit adjustments on settled total Short-Doreimbursement.	oyle/Medi-Cal FFP				
14	Sch 2			Contract Maximum	t Maximum			\$ 4,325,864	
				To reflect County funds available to match Medi-Cal FFP.					
15	Sch 2			Lower of Net Reimbursable Cost or Contract Maximum		\$ 1,358,168	\$ (19,056)	\$ 1,339,112	
				To reflect the lower of audited net reimbursable Medi-Cal FFP comaximum.	st or contract				
			į						
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.					

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: Los Angeles County Code: 19

	Legal Entity: LAC OLIVE VIEW UCLA MEDICAL C	Α	В	С
Leg	gal Entity Number: 00505	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures		14,700,255	14,700,255
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments		14,700,255	14,700,255
6	Medi-Cal Adjustments from MH 1961			(34,677)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			14,665,578
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
<u> </u>				
<u></u>	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			2564
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			14,665,578
	<u></u>			
19	Total Costs - Lines 9 through 18			14,665,578

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: Los Angeles County Code: 19

	Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CE	Α	В	С
Le	gal Entity Number: 00505	Salaries		Total
		and Benefits	Other	Adjustments
	Physician Costs		(17,381)	(17,381)
2	Ancillary Costs		(17,296)	(17,296)
3				
4				
5				
6				
7_				
8				
9				
10				
11				
12				
13	<u> </u>			
14				
15				
16				
17				<u></u>
18				
19				
20	Total Adjustments		(34,677)	(34,677)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

County: Los Angeles County Code: 19

	Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER	A
Le	gal Entity Number: 00505	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	14,665,578
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	7,676,890
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	6,873,731
5	Outpatient Services (Mode 15 Program 1 + Program 2)	114,957
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	14,665,578

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: Los Angeles

	County Code: 19			NR	CR				
	Legal Entity: LAC OLIVE VIEW UCLA MEDIC	AL CENTER	A	В	C	D	E	F	G
Le	gal Entity Number: 00505			Service	Service	Service	Service	Service	Service
-	Mode: 05 - Hospital Inpatient (SFC 10-	19)	Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage		100.00%	10 96.88%	19 3.12%				
2	Total Units		11,610	10,295	1,315				
3	Gross Cost		7,676,890	7,437,214	239,676				
4	Cost per Unit			722.41	182.26		(C.		<u> </u>
5	SMA per Unit			838.20	235.96				
6	Published Charge per Unit			1,630,00	1,630.00				
7	Negotiated Rate / Cost per Unit			838.20	182.26				
8	Madi Cal Malla	07/01/02 - 09/30/02	472	368	104	**********			
8A	Medi-Cal Units	10/01/02 - 06/30/03	2,161	1,635	526				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	Wildigal Child Character Oliks	10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03	<u> </u>				<u> </u>	ļ	
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03	 				 	<u> </u>	
11 11A	Healthy Families (SED) Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03	 				 	 	
12	Non-Medi-Cai Units	10/01/02 - 00/30/03	8,977	8,292	685		 -	 	 -
		<u> Sangangan Tagangan</u>			1,1,1,1,2,2,2,1,1,1,1,1,1,1,1,1,1,1,1,1	et jaronavette		(1) 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	and the same
13 13A	Medi-Cal Costs	07/01/02 - 09/30/02	294,723	265,847	28,876		 	 	
14	 	10/01/02 - 06/30/03 07/01/02 - 09/30/02	1,327,700 337,334	1,181,141 308,458	146,559 28,876				ļ
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	1,517,016	1,370,457	146,559		 -	 	
15	N. F. O. I. S. I.	07/01/02 - 09/30/02	628,716	599,840	28,876		 	 -	-
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	2,811,609	2,665,050	146,559		 		
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	337,334	308,458	28,876				
16A	The Carregulated Nates	10/01/02 - 06/30/03	1,517,016	1,370,457	146,559	·			
17	Madiana Madiana Cal Carana Carana	07/01/02 - 09/30/02	1	************		- <u></u>	*******	1	
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03	-				 		ļ
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	 -					 	
19A 20		10/01/02 - 06/30/03 07/01/02 - 09/30/02	}	<u> </u>			 	 	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	 				 		
	<u>and the form of t</u>		<u> </u>	ana <u>sa</u> ngana	<u></u>	<u> </u>	77 <u>77 77 7</u> 7 77 77 77 77 77 77 77 77 77 77		500 CO TO
21	Enhanced SD/MC (Children) Costs	07/01/02 - 09/30/02	 				 	 	
21A 22	 	10/01/02 - 06/30/03 07/01/02 - 09/30/02	 				 	 -	
22A	Enhanced SD/MC (Children) SMA Upper Limits	10/01/02 - 06/30/03	-		-		 	 	
23	E-1	07/01/02 - 09/30/02	 -						
23A	Enhanced SD/MC (Children) Published Charges	10/01/02 - 06/30/03	1						
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/02 - 09/30/02						1	
24A	Camanage Control (Camanage) Magadiated Mates	10/01/02 - 06/30/03						ļ	
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	1				1	1	L
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					1		
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03					ļ	L	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	<u></u>		ļ 		L.	 	1
29	Healthy Families Costs	07/01/02 - 09/30/02	1						
29A	Healthy Families Costs	10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03	\		<u> </u>		 	 	<u> </u>
31	Healthy Families Published Charges	07/01/02 - 09/30/02	 		<u> </u>	ļ		 	
31A	\	10/01/02 - 06/30/03	 	 		 		 	 -
32 32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02	 	 	 -		 	 -	
1000		10/01/02 - 00/30/03	de construction				<u> </u>	·	<u> </u>
33	Non-Medi-Cal Costs		6,054,467	5,990,226	64,241	L	<u> </u>	<u></u> _	<u> </u>

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1965A (10/04)

DETAIL COST REPORT

County: Los Angeles County Code: 19

NR

_	Local Estitus LAC CLINE MEDICAL CONTROL		,	NR ,					
160	Legal Entity: LAC OLIVE VIEW UCLA MEDIO pal Entity Number: 00505	AL CENTER	_ A	В	c	D	E	F	G
ceg	Mode: 10 - Day Services		Mode Total	Service	Service	Service	Service	Service	Service
	THOUGH TO - Day Services		Mode Total	Function 24	_Function	Function	Function	Function	Function
1	Allocation Percentage		100.00%	100.00%		_			
	Total Units		100.00 /6	93,732				 -	
	Gross Cost		6,873,731	6,873,731					
13.333	Cost per Unit			73.33					
	SMA per Unit			82.94					
	Published Charge per Unit			240.00					
	Negotiated Rate / Cost per Unit			82.94					
	<u></u>	02104100 00100100			1112/11111	<u> </u>		4.1.227.32	<u> </u>
8 8A	Medi-Cal Units	07/01/02 - 09/30/02		4,045		<u> </u>	_		
9		10/01/02 - 06/30/03	 	10,229					<u> </u>
9A	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				_	 -	_	
10		10/01/02 - 06/30/03							
10A	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03		19					
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		18		 -			
11		07/01/02 - 09/30/02				 	-	 -	
HA	Healthy Families (SED) Units	10/01/02 - 06/30/03		97					
_	Non-Medi-Cal Units	10/01/02 - 00/30/03		79,342			 		_
		consequences		A	, consultatio		<u> CEPPL FREE</u>	0.000 E-100 E-	September 1
13	Medi-Cat Costs	07/01/02 - 09/30/02	296,636	296,636				_	
13A		10/01/02 - 06/30/03	750,132	750,132					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	335,492	335,492					
14A 15	<u> </u>	10/01/02 - 06/30/03	848,393	848,393			 		
15A	Medi-Cat Published Charges	07/01/02 - 09/30/02	970,800	970,800			 		
16		10/01/02 - 06/30/03 07/01/02 - 09/30/02	2,454,960 335,492	2,454,960 335,492					
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	848,393	848,393	-	 	-	<u> </u>	ļ
		9999998989999	0-10,033	040,333	<u>बहार्याच्याच्या</u> स्य	CONTRACTOR OF THE PARTY OF THE	er regener	0.000.000.000	NORTH PROPERTY.
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02				ļ	<u> </u>	<u> </u>	
17A		10/01/02 - 06/30/03				ļ		ļ	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	├ ──			<u> </u>			
18A		10/01/02 - 06/30/03	├ ──┼─┤				 		<u> </u>
19 19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02					 	 	
20		10/01/02 - 06/30/03	 :			├ ──	 	 	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03					 		<u> </u>
		garan aras Tanas aras ara			<u></u>	tangan dan sa	23.000 J. 13.00 C		<u> </u>
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	 _				 	<u> </u>	L
21A		10/01/02 - 06/30/03	1,393	1,393		<u> </u>	<u> </u>		<u> </u>
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	 			 	 	 	
22A		10/01/02 - 06/30/03	1,576	1,576		 			
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	1.500	1500			 -	 	
23A		10/01/02 - 06/30/03	4,560	4,560	<u> </u>			 	
24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03	1,576	1,576		 		 	 -
2323			1,576	1,570	na Balancia (Pa	2000000000	2012000000	20,000,000	He 11800 II
	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						<u> </u>	
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					 	<u> </u>	<u> </u>
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	 		ļ	Ļ	 	├	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	<u> </u>			I	<u> </u>	<u> </u>	*************
29	Hoolthy Formilles Costs	07/01/02 - 09/30/02	1				1		
29A	Healthy Families Costs	10/01/02 - 06/30/03	7,113	7,113					
30	Healthy Families SMA Lipper Limite	07/01/02 - 09/30/02							
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	8,045	8,045					
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A	Treating Farilles Fubilities Charges	10/01/02 - 06/30/03	23,280	23,280					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03	8,045	8,045				<u></u>	ļ
33	Non-Medi-Cal Costs		5,818,457	5,818,457	1,	1	1	1	<u> </u>
100			0,010,701	3,0,0,-31					

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: Los Angeles
County Code: 19

DETAIL COST REPORT

				NR	NR				
	Legal Entity: LAC OLIVE VIEW UCLA MEDIC	AL CENTER	A	В	С	D	E	F	G
Lec	gal Entity Number: 00505			Service	Service	Service	Service	Service	Service
├ ─	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
1-	Allocation Percentage		100 000	75.60%	62 24.40%		L		
2	Total Units		100.00%	43,109	7,500			ļ	
	Gross Cost		114,957	86,906	28,051				-
4	Cost per Unit			2.02	3.74			1000 <u>00000000</u>	
5	SMA per Unit			2.02	4.23				
	Published Charge per Unit			4.00	8.00				
7	Negotiated Rate / Cost per Unit			2.28	4.23				
8	<u> </u>	07/01/02 - 09/30/02	2,820	2,520	300		7-1-7	<u> </u>	22.11.11.11.11
8A	Medi-Cal Units	10/01/02 - 06/30/03	10,590	9,060	1,530				
9	14 - di di - di C-l O	07/01/02 - 09/30/02	1 10,550		1,000				
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10	Enhanced SDA4C (Children) Heite	07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A 12	Non-Medi-Cal Units	10/01/02 - 06/30/03	60	60	6 070			<u> </u>	
	/ recommended of the		37,139	31,469	5,670			<u> </u>	
13	Medi-Cal Costs	07/01/02 - 09/30/02	6,202	5,080	1,122				
13A	 	10/01/02 - 06/30/03	23,987	18,265	5,722		 _		
14 14A	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03	7,015	5,746	1,269 6,472				 -
15		07/01/02 - 09/30/02	27,129 12,480	20,657 10,080	2,400		 _		
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	48,480	36,240	12,240		 		
16	Madi Cal Managata A Batan	07/01/02 - 09/30/02	7,015	5,746	1,269				
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	27,129	20,657	6,472				
17		07/01/02 - 09/30/02			<u></u>	منتقون سيند		<u> </u>	
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	 						
18	Medicare/Medi-Cat Crossover SMA Upper Limits	07/01/02 - 09/30/02	 						
18A	Medicale/Medi-Cal Clossover SMA Opper Limits	10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03				·	 		ļ
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02	 			<u> </u>	 	ļ	 -
20A	 	10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03	}						
22 22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	 					 	
23	 	10/01/02 - 06/30/03 07/01/02 - 09/30/02	 				 	 	
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	 				 		
24	Fahanad SDAG Nasatian 17	07/01/02 - 09/30/02	1				 		1
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	<u> </u>						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			Caratarata Catatara				Carlo III da Carlo
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	 					 	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	<u> </u>					 	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	1						
29		07/01/02 - 09/30/02							
29A	Healthy Families Costs	10/01/02 - 06/30/03	121	121		 	 	 	
30	Liantibu Familia Cata (Inna Cata	07/01/02 - 09/30/02	1						
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	137	137					
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03	240	240		ļ			
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02		ļ	ļ	 		ļ	
32A		10/01/02 - 06/30/03	137	137	100 T 100 T 10	 		L 	<u> </u>
-	Non-Medi-Cal Costs		84,647	63,440	21,207	l	1		

DETERMINATION OF SDIMC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County Code: 19				REIMBURS	EMENT TYPE	SMA		SMA			Costs	
Legal Entity: LAC OLIVE VIEW UCLA ME	DICAL CENTER	Α	В	c	D	Ε	L.	G	<u>H</u>			К
Legal Entity Number: 00505		\dashv	Mode 55		Total	Total Inpatient	i			Total Outpatient		Total Outpatient
			S. F. s 11-19	$\overline{}$	MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Col. I + Col. J)
		S. F.'s 01-09	31-39	S. F.'s 21-29		Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	
1 Medi-Cel Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03					294,723		296,636	6,202	302,838		302,838
	07/01/02 - 09/30/02					1,327,700 337,334		750,132 335,492	23,987 7,015			774,119 342,507
2Medi-Cal SMA	10/01/02 - 06/30/03		i in institu			1,517,016		848,393	27,129	875,522		875,522
3 - Madi Cal B. C	07/01/02 - 09/30/02					628,716		970,800	12,480	983,280		983,280
3A	10/01/02 - 06/30/03	<u> </u>				2,811,609		2,454,960	48,480	2,503,440	<u>Laborati al Il Butili</u>	2,503,440
4A Medi-Cal N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	- 17 17 17 17 17 17 17 17 17 17 17 17 17				337,334 1,517,016		335,492 848,393	7,015 27,129	342,507 875,522		342,507 875,522
								بنابه و و وسموم				
5A Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02 10/01/02 - 06/30/03					337,334	L	335,492	7,015	342,507		342,507
	tiana di manangananan bangan atawa katawa					1,517,016		848,393	27,129	875,522	<u>. — ,</u>	875,522
Medicare/Medi-Cel Crossover Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03					}						
6A	07/01/02 - 09/30/02					 	 -			-		
7A Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/03 10/01/02 - 08/30/03			Hereit Hereit		!						
Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02	deletation to										
	19/01/02 - 96/30/03											
9A Medicare/Medi-Cai Crossover N. R.	10/01/02 - 08/30/02	100000000000000000000000000000000000000										
mili who a a a a a a a a a a a a a a a a a a a						000000000000						
10 10A Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
	10/01/02 - 06/30/03	1999 1999 1999 1999 54 1999 1999 1999 1999				<u> </u>	3 3 3 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					10 (2 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
11 Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02					337,334		335,492	7,015	342,507		342,507
11A	10/01/02 - 06/30/03					1,517,016		848 393	27,129	875,522		875,522
12 Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A Enhanced SD/MC (Children) SMA	10/01/02 - 05/30/03 07/01/02 - 09/30/02					 		1,393		1,393		1,393
13A Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03	- 	 	 	• • • • • • • • • • • • • • • • • • • 	1		1,576		1,576		1,576
14 Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02	Let Letter I.	January, in							-		
14A	10/01/02 - 06/30/03	Problems 1990						4,560		4,560		4,560
15 15A Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	11. 11. 11. 11.				 		1,576		1,576	-	1,576
<u>and the state of </u>				1		<u> </u>		1,3/6	*.*.* <u>.*.*.</u> .*.*	1,376		1,3/0
16 16A Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03		Carley Cont			 	L	1,576		1.676		1.676
						<u> </u>		1,5/6		1,576	<u></u>	1,576
17 Enhanced SD/MC (Refugees) Cost 18 Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19 Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03 07/01/02 - 06/30/03	 				 -					er ser statistick taken	
19 Enhanced SD/MC (Refugees) P. C. 20 Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21 Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02	The state of the s	. 11			337,334	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	335,492	7,015	342,507		342,507
21A (Excludes Refugees)	10/01/02 - 06/30/03	Harrist Trans		1 1111111111		1,517,016		849,969	27,129	877,098		877,098
21A (Excludes Refugees) 22 Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03	Hideline.				1,0,7,5		<u> </u>				
99	07/01/02 - 09/30/02					7.7.7.1.1		<u> </u>			* * * * * * * * * * * * * * * * * * *	
23A	10/01/02 - 06/30/03	11.11.11.11.11	Table of Section					7,113	121	7,234		7,234
24 Healthy Families SMA	07/01/02 - 09/30/02	Careful C	1,14,14,1									
Z4A!	10/01/02 - 06/30/03					 		8,045	137	8,182	ļ	8,182
Healthy Families P. C	07/01/02 - 09/30/02 10/01/02 - 06/30/03	- 	H	 				23,280	240	23,520		23,520
25 Healthy Families P. C 25A Healthy Families N. R.	07/01/02 - 09/30/02	 				 		23,200		23,320		20,020
26A Realtry Farmines N. N.	10/01/02 - 06/30/03	191 (1914)	10 1 20 1					8,045	137	8,182		8,182
27 Healthy Families Gross Reim.	07/01/02 - 09/30/02			1 1 1 1 1 1 1 1 1 1 1 1								
27A Treating 1 arrange Stoas (Carry)	10/01/02 - 06/30/03		strig to be					8,045	137	8,182		8,182
Less: Patient and Other Payor Revenues										h da hilat	The Problem	
28 28A 29 Enhanced SD/MC (Children) Revenues 30 Enhanced SD/MC (Refugees) Revenues 31 Healthy Families Revenues	07/01/02 - 09/30/02 10/01/02 - 06/30/03		1.44.1.14		populari (i	43,110	-	21,864		21,864		21,864
28A Enhanced SD/MC (Children) Revenues	10/01/02 - 06/30/03	1000	12 12 12 12 12 12 12 12 12 12 12 12 12 1			184,176	 	55,297	-	55,297	 	55,297
30 Enhanced SD/MC (Refugees) Revenues			teli harr	100000	tara ida		 					
31 Healthy Families Revenues												
32 Total Expenditures from MAA (Mode 55)	<u>ar natar<u>a da</u> para Egrada a<u>l profes</u>tara</u>	+		· · · · · · · · · · · · · · · · · · ·	1	the diff					harry a trians	
33 Medi-Cal Eligibility Factor (Average)		1000 1000			1177/08/1961							
34 Revenue - MAA			10,000									
35 Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02			1 - 1	1	294,224		313,628	7,015	320,643		320,64
35A	10/01/02 - 06/30/03					1,332,840		794,672	27,129	821,801		821,80
36 Net Due - Enhanced SD/MC (Refugees)	107:04:00 00:00:00		Laderal		4.48.6	1	-	L			 -	
37 37A Net Due - Heelthy Families	07/01/02 - 09/30/02 10/01/02 - 08/30/03	- 	 	1	1	 		8.045	137	8,182		8,18
	1.0/0 //02 - 00/30/03		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1	1	barren er	0.045	131	0.192	 	U. 10.
Amount Negotiated Rates Exceed Costs	07/01/02 - 09/30/02	Transfer (Sec.)	1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:			47.6**	<u>ininalidada ira</u>	38,857	812	39,669		39,66
38 38A SD/MC (Includes Children)	10/01/02 - 09/30/02	- 	 Haddaa	1::-::::		42,611 189,316		98,444	3,142	101,585	li manili i	101,585
39 Enhanced SD/MC (Refugees)				January 1		1			¥.138	1		
40 Haalthii Samiliaa	07/01/02 - 09/30/02	THE STATE OF	1 1 1 1 1 1 1 1	Jan Lines				L			J	
40A	10/01/02 - 06/30/03	<u> _ (*** - 12</u> **).	1 4 4 1	1.17	<u> </u>	4	1	932	16	948	1 <u>1 2 </u>	948

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH FISCAI YOAT 2002-2003

DETERMINATION OF SDIMC + CROSSOVER FFP DOLLARS NH 1970 (1004)

County Los Angeres County Code 19

Legal Entity LAC OLIVE VIEW UCLA MEDICAL CENTER

	Mode:	10 - Day 8e	rvices	- 1	^	9	c	٥	E	F	G	н		,	K	L	M	N	0	P	0	R	s	T	U
				Data Type		IC + Crossover			of 2nd Period Percentage		Gross Rembu	Crossover preement Costs Upper Limits			Medi-Cal f	Patient and Revenue	,		Net Dire (Gross Rem C	ct Costs Costs - Revenue)			FFP [Pollars	
				Source	From MH190	1_Schedule_8	Supplemental	Calc	uleted	_	From MH19	66_MODE 10	_		From MH190	Schedule B			Calc	ulated			Calcu	lated	_
				Formula				B/(B+C)	C / (B + C)		(D - I)	(E '.l)			(D · M)	(E . M)		(F · J)	(G - K)	(H - L)	(Q+P)	(51 40% * N)	(50.00% * O)	(54 35% ° P)	(S+T)
				Period		2nd Penod/	2nd Period/	2nd Penod/	2nd Period/		2nd Penod/	2nd Period/	Total 2nd		2nd Period/	2nd Period/	Total 2nd		2nd Penod/	2nd Period/	Total 2nd	1st Period FFP \$ 07/01/02 -	2nd Period/ Part I FFP \$ 10/01/02 -	Part II FFP \$ 04/01/02 -	Period FFP 04/01/02
17 (4 8 4 8] MH1901				1st Penod	Parti	Part II	Parti	Part it	1st Period	Parti	Part II	Period	1st Period	Part	Part fi	Period	1st Penod	Part.i _	Part II	Persod	09/30/02	23/30/03	06/30/03	06/30/03
Cost	Sch B Cost Rpt	Settlement		Service	Units 07/01/02 -	Units 10/01/02 -	Units 04/01/03 -	% of Units in 10/01/02 -	% of Units in 04/01/02 -	Costs 07/01/02 -	Costs 10/01/02 -	Costs 04/01/03 -	Coets 10/01/02 -	Revenue 07/01/02 -	Revenue 10/01/02 -	Revenue 04/01/03 -	Revenue 10/01/02 -	Net Conte 07/01/02 -	Net Costs 10/01/02 -	Net Costs 04/01/03 -	Net Coats 10/01/02 -	1st Period	2nd Period/ Part i	2nd Penod/ Part II	
<u>iaumn</u>	Lm#	Type	MODE	Function	09/30/02	03/30/03	06/30/03	03/30/03	06/30/03	09/30/02	03/30/03	06/30/03	06/30/03	09/30/02	03/30/03	08/30/03	06/30/03	09/30/02	03/30/03	06/30/03	06/30/03	51 40%	FFP % 50 00%	54 35%	7.7
	1	NR	10	- 24	4.045	6.673	3,556	65 24%	34 76%	335,492	553,459	294,935	848,393		36.074	19,223		313,628	517.385		793,096	161,205	258,693	149,849	408,54
					7,040		7.40		2.00	355,452	333,436	29,500	0.333	- 1.00	250/1	19.223	30.28	313.526	311.303	2/3///	733,000	- (07,200	230,040		
													F :												
					_										<u> </u>									=	
											<u> </u>		<u> </u>		 										<u> </u>
		ii							Totals	335,492	553,459	294.935	848.393	21,864	36.074	19,223	55,297	313,628	517,385	275.711	793,096	161,205	258,693	149,849	406,5
								nidvalent value	s from MH1968				848,393				55,297	1.1,022	211,442		122,314				

1/1

DETERMINATION OF SOVICE + CROSSOVER FFP DOLLARS MH 1978 (10/04)

County Los Angeles County Code 19

L CENTER

Long at Entity	LAC OLIVE VIEW UCLA MEDICAL
Legal Easts Number	00506

Part	Legal Ent	ty Number	00505		ON MEDICA																					
The column The		Mode:	15 - Outpe	Dent (Prog	r=m 1)	^	8	С	D	E	F			. 1	J	ĸ	ı	M	N	•	Р	q	R	s	T	U
									Units es s	of 2nd Period Percentage		Gross Rembu	reement Costs					•						FFP (Oollars	
						From MH19	C1_Schedule_B	Supplemental	Calc	ulated		From MH1986	MODE 15_(1)	i		From MH190	1_Schedule_B		_	Calc	ulated			Calc	dated	
Section Sect	MUTOES	KINTON				l			2nd Penod/	2nd Penod/	1st Period	2nd Penodi	2nd Penod/	Total 2nd Penod	1st Period	2nd Penod/	2nd Period/	Total 2nd Period		2nd Period/	2nd Penod/	Total 2nd	FFP \$ 07/01/02 -	Pert I FFP \$ 10/01/02 -	Part II FFP \$ 04/01/02 -	Pened FFP \$ 04/01/02
	Cost Report	Sch B Coet Apt	Settlement			07/01/02 -	10/01/02 -	04/01/03 -	in 10/01/02 -	in 04/01/02 -	Costs 07/01/02 -	Costs 10/01/02 -	Costs 04/01/03 -	Costs 10/01/02 -	Revenue 07/01/02 -	Revenue 10/01/02 -	Revenue 04/01/03 -	Revenue 10/01/02 -	Net Coets 07/01/02	Net Costs 10/01/02 -	Net Costs 04/01/03 -	Net Costs 10/01/02 -) at Penod	2nd Period/ Part i	2nd Period/	7.
1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	Committee		90.00		25.47	3402	03/30/03	V0/30/03	100 5000		09/30/02		06/30/03	08/30/03	09/30/02	03/30/03		06/30/03	09/30/02	03/30/03	06/30/03	06/30/03	51 40%	50 00%	54 35%	
	8				42	2 520	6,510	2,550	71 85%	28,15%	5,746		5,814			7777887 856.00	1			14.843	5.814	20.657		7.421	3,160	10.581
	<u>c _ </u>		NR.	15	82	300	1,200	330	78,43%	21.57%		5.076	1,396	6.472							1,396	5.472	652	2,538	759	3.297
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Eduvation Values from MH1943 7,015 27,129								<u> </u>	P b b b				7,210					-	7,015	19,919	1 7,210	27,129	1 3,606	9 959	1,919	;3,0/6
									Equivalent value	15 TOM MH1968	7,015	i		27,129		J			J							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: Los Angeles

County Code: 19

Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER

Legal Entity Number: 00505	Α	В	С	D	E	F	
Data Type	Net Dire	ct Costs	FF	P	Effe	ctive	
	(Gross Reim. C	osts - Revenue)	Doll	ars	<u>F</u> FI	- %	
Source	MH1	970s	MH1	970s	Calculated		
	Column N	Column Q	Column R	Column U	- Caice		
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)	294,224	1,332,840	151,231	687,840	**********		
2 05 - Other 24 Hour Services (All Other SFC)				-	20 cx (数) (47 基準)		
3 10 - Day Services	313,628	793,096	161,205	408,542		No. of the second	
4 15 - Outpatient (Program 1)	7,015	27,129	3,606	13,878	第 三年,新聞		
5 15 - Outpatient (Program 2)	_		_			N. S. v.	
6 Totals	614,866	2,153,065	316,041	1,110,260			
7 Totals from MH1979	614,866	2,153,065	316,041	1,110,260			
8 Effective SD/MC FFP %				N. Fire Mark	51.40%	51.57%	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

MH 1979 (10/04) County: Los Angeles County Code: 19						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8		Fiscal Y	ear 2002-2003
Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER	A	В	C	D	E	F	G	н	ı	J
Legal Entity Number: 00505	Total MAA	Total Inpatient	Total . Outpatient	Total	50% FFP	51.40% FFP	51.57% FFP	Variable %	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)										la desimble
1 County SD/MC Direct Service Gross Reimbursement			1							
2 Contract Provider Medi-Cal Direct Service Gross Reimbursement										and all dates.
3 Total Medi-Cal Direct Service Gross Reimbursement										garil hadilər
4 Medi-Cal Administrative Reimbursement Limit										
5 Medi-Cal Administration										
6 Medi-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)										to a state of the
7 County Healthy Families Direct Service Gross Reimbursement			1. 1-1-1-1-1-1-1-1-1281914	1000 100 100 100 100 100 100 100 100 10						a di kacamatan di Kabu
8 Healthy Families Administrative Reimbursement Limit										
9 Healthy Families Administration										
10 Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09										
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				<u> </u>						
15 Other SD/MC Utilization Review (County Only)										_
16 607/01/02 - 09/30/02		294,224	320,643	614.866		316,041				316,041
16 SD/MC Net Reimbursement for Direct Services 07/01/02 - 09/30/02		1,332,840	820,225	2,153,065		310,041	1.110.260			1,110,260
17		1,332,840	820,223	2,133,063			1,110,200			1,110,200
17A Enhanced SD/MC Net Reimb. (Children) 10/01/02 - 06/30/03		 	1.576	1,576				1.024		1.024
18 Enhanced SD/MC Net Reimb. (Refugees)		 	1,570	1,370				1,024		1,027
		tere en leterater	and the second							
19 Total SD/MC Reimbursement Before Excess FFP										1,427,326
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC		231,927	141,254	373,181						93,295
21 Total SD/MC Reimbursement (FFP)										1,334,030
22 Contract Limitation Adjustment										1 224 020
23 Adjusted Total SD/MC Reimbursement (FFP)										1,334,030
24				1						
24A Healthy Families Net Reimbursement 10//01/02 - 06/30/03		:	8,182	8,182				5,318		5,318
25 Total Healthy Families Reimbursement Before Excess FFP										5,318
26 Amount Negotiated Rates Exceed Costs - Healthy Families			948	948						237
27 Total Healthy Families Reimbursement	Paragraphic de la la la	Habita Palatati								5,081

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

COUNTY NAME: Los Angeles					NAME:	LAC OLIVE VIEW	V UCLA MEDICAL	CENTER
COUNTY CODE: 19			LEGAL ENTITY		NUMBER:	00505		
Α	В	С	D	E	F	G	Н	
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
	1953	\$231.30	07/01/02 - 07/31/02	_ 20	\$ 4,626	\$484	\$361	\$5,47
SD/MC	1953	\$236.38	08/01/02 - 09/30/02	84	\$ 19,856	\$2,033	\$ <u>1,</u> 516	\$23,40
33,,,,0	1953	\$236.38	10/01/02 - 12/31/02	256	\$60,513	\$6,196	\$4,620	\$71,32
	1953		01/01/03 - 06/30/03	270		\$6,534	\$4,873	\$75,23
	1 10 11 11 11 11	100					Sub Total:	\$ 175,43
		\$231.30	07/01/02 - 07/31/02			<u>_</u>		
Children EMC		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02			<u> </u>		
		\$236.38	01/01/03 - 06/30/03					
	Swar Street	**************************************	the first control to the second	in the company	media pedicina de la como de la c	See	Sub Total:	Sink
	<u> </u>	\$231.30	07/01/02 - 07/31/02				L	
Refugees EMC		\$236,38	08/01/02 - 09/30/02					
•		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
The state of the s	HELPS CALLERS	w. (Prode	6.7	Clark Stand 1994	1. A. Park 1.	And with a service of the service.	Sub Total:	
	<u> </u>	\$231.30	07/01/02 - 07/31/02	 	<u> </u>			
Healthy Families	<u> </u>	\$236.38	08/01/02 - 09/30/02		L			
-	<u> </u>	\$236.38	10/01/02 - 12/31/02					
	, , , , , , , , , , , , , , , , , , , ,	\$236.38	01/01/03 - 06/30/03					
	1 中华的特别	Late Address to Nation	Mary Mary Mary Mary 1	material sections		3-60-08 B. Filts	Sub Total:	
			GRA	ND TOTAL	\$ 148,818	\$ 15,247	\$ 11,370	\$ 175,43